

S. No. 2  
4-8-43  
5-17-39  
PI X37823

113759

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 84

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hours  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Charles  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Wentzville  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Mrs. LEONA LOGAN  
3. (b) If veteran, name war .....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 30  
year 1948 hour 4:00 minute P. M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband Kenneth N. Logan  
6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased: JUNE 11 1921  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30, 1948, to Apr. 30, 1948  
that I last saw her alive on 4/30/48, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death: 243° Burns

8. AGE: Years 26 Months 10 Days 19  
If less than one day hr. min.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

12. Name William Summers

13. Birthplace Tulsa Oklahoma  
(City, town, or county) (State or foreign country)

14. Maiden name Berney Hampton

15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 18 P  
Of autopsy 15

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

16. (a) Informant Kenneth N. Logan  
(b) Address Fossil, Mo.

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof: 5-2-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Wright City Mo.

18. (a) Signature of funeral director Marie Murchany  
(b) Address Wentzville, Mo.

19. (a) May 4-48 (Date received local registrar)  
(b) Marie Murchany (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident - Burn  
(b) Date of occurrence 4/30/48  
(c) Where did injury occur? Fossil - St. Charles, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm  
(Specify type of place)  
While at work? NO (e) Means of injury Burn

23. Signature H. C. McMurphy (M. D. or other) MD  
Address Wentzville, Mo. Date signed 5/6/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

72  
9  
3

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAY 13 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Harward Oscar Kessler*....., Registered Apprentice No. *201*  
working under my personal supervision.

Signed.....*Morris Muschony*.....

Licensed Embalmer No. *2461*

P. O. Address. *Wentzville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.